CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

	Ciona, Wi 37023 2301						
Legal Entity #	School Dist. #	School Name		County	Level		
0133	1	Fort Benton Elem		08	EL		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X)	(%) of a percent.)		
NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be eturned upon approval of your rate.							
_	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accorda A-87, "Cost Principl	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	regoing is true and cor		Street Address	or D.O. Boy			
Chairperson	ct Superintendent or	Боага		or P.O. Box			
Printed Name of A	uthorized Official		PO Box 399 City	Ziţ	Code		
			Fort Benton	59	442		
Title			Date				
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction					
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:		
Ар	proved Rate for FY20	06	Date Approved				
			Signature				

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

D. . . May 24 2005

	о вох 202501 elena, MT 59620-2501		Due May 31, 2005				
Legal Entity #	School Dist. #	School Name		County	Level		
0134	1	Fort Benton H S		08	HS		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	(X%) of a percent.)		
	Complete and submit we submitted for the electory of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply an e been adju	d OMB Circular		
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.		incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently		
Signature of Distri	regoing is true and cor ct Superintendent or		Street Address	or P.O. Box			
Chairperson			PO Box 399				
Printed Name of A	uthorized Official		City	Z	ip Code		
			Fort Benton	59	9442		
Title			Date				
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction					
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:		
Ар	proved Rate for FY20	06	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

H	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0135	7	Loma Elem		08	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we submitted for the electory or your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar /e been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agi Further, the same c addition, similar type	eements to which osts that have been so of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri- Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
·			Box 185		
Printed Name of A	uthorized Official		City	Z	ip Code
			Loma	5	9460
Title			Date	·	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
		ł	Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	elena, MT 59620-2501		Due May 31, 2005				
Legal Entity #	School Dist. #	School Name		County	Level		
0137	11	Big Sandy Elem		08	EL		
Proposed Restric	ted Indirect Cost Rat	(Round to nearest h	nundredth (X.)	(X%) of a percent.)			
	Complete and submit we submitted for the electory or an arms.				•		
This is to certify that knowledge and believed.	t I have reviewed the inef:	ndirect cost rate prop	oosal submitted he	rewith and to	the best of my		
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular		
casual relationship I accordance with aphave not been claim	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently		
	regoing is true and cor						
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box			
Printed Name of A	uthorized Official			7	in Code		
Timed Name of A	dinonized Official		Oity				
Title			Big Sandy	5	9520		
ritte			Date				
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction					
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRU	CTION BY:		
Ар	proved Rate for FY20	006	Date Approved				
			Signature				
Printed Name of A Title Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620 AND APPROVED FO	ruction -2501 R THE SUPERINTE	Date NDENT OF PUBL Date Approved	5	ip Code 9520 CTION BY:		

Office of Public Instruction Linda McCulloch, Superintendent

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

	² O Box 202501 Helena, MT 59620-2501	Due May 31, 2005			
Legal Entity #	School Dist. #	School Name		County	Level
0138	2	Big Sandy H S		08	HS
Proposed Restric	cted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we be submitted for the element of your rate.				
This is to certify the knowledge and bel	at I have reviewed the interior	ndirect cost rate prop	oosal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to estance with the requiremed les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clair and the Office of P predetermined rate	ed in the proposal are post between the expenses oplicable requirements. The med as direct costs. In the ublic Instruction will be a pregoing is true and corregoing is true and correct contracts.	Fincurred and the ag Further, the same of addition, similar type notified of any account	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	ict Superintendent or		Street Address	or P.O. Box	
Printed Name of A	Authorized Official		PO Box 570 City	7	ip Code
					9520
Title			Big Sandy Date		3020
Send cor	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ap	oproved Rate for FY20	006	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Detail	H	elena, MT 59620-2501		Due May 31	, 2003	
Proposed Restricted Indirect Cost Rate	Legal Entity #	School Dist. #	School Name		County	Level
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate. This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief: (1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A. (2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Approved Rate for FY2006	0144	26	Warrick Elem		08	EL
application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate. This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief: (1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A. (2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson Send Completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Approved Rate for FY2006	Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	(X%) of a percent.)
knowledge and belief: (1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A. (2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson Street Address or P.O. Box 29200 Warrick Rd Printed Name of Authorized Official City Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved	application should b	e submitted for the ele				
allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A. (2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson Printed Name of Authorized Official Street Address or P.O. Box 29200 Warrick Rd City Zip Code Big Sandy 595209503 Title Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved			ndirect cost rate prop	osal submitted he	rewith and to	the best of my
casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate. I declare that the foregoing is true and correct. Signature of District Superintendent or Board Chairperson Printed Name of Authorized Official Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Date Open Approved	allowable in accorda A-87, "Cost Principle	ance with the requirem es for State and Local	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
Signature of District Superintendent or Board Chairperson Printed Name of Authorized Official City Big Sandy Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Date Date Date	casual relationship is accordance with apphave not been claim and the Office of Pu	between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
Chairperson 29200 Warrick Rd Printed Name of Authorized Official City Big Sandy 595209503 Title Date Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved						
Printed Name of Authorized Official City Big Sandy 595209503 Title Date Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Approved Rate for FY2006	_	ct Superintendent or	Board	Street Address	or P.O. Box	
Big Sandy Title Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved	·					
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Date Approved	Printed Name of A	uthorized Official		City	Z	ip Code
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Approved Rate for FY2006				Big Sandy	5	95209503
School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501 ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY: Date Approved Approved Rate for FY2006	Title			Date	·	
Approved Rate for FY2006 Date Approved	Send com	School Accounting Office of Public Inst PO Box 202501	ruction			
Approved Rate for FY2006	ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Signature	Ар	proved Rate for FY20	06	Date Approved		
				Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	lelena, MT 59620-2501		Due May 31	, 2005	
Legal Entity #	School Dist. #	School Name		County	Level
0145	28	Highwood Elem		08	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit woe submitted for the electory oval of your rate.				-
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allow treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor		Otract Address	D.O. D	
Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
Deinte d Nome of A			160 West Street		
Printed Name of A	utnorized Official		City	2	ip Code
			Highwood	5	9450
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

Office of Public Instruction Linda McCulloch, Superintendent

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

	PO Box 202501 Due May 31, 2005 Helena, MT 59620-2501				
Legal Entity #	School Dist. #	School Name		County	Level
0146	4	Highwood H S		08	HS
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit wo submit wo submitted for the election oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accordance A-87, "Cost Principle"	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	hey apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate.		incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor ict Superintendent or		Street Address	or P.O. Box	
Chairperson	·		160 West Street	South	
Printed Name of A	uthorized Official		City		ip Code
			Highwood	5	9450
Title			Date	·	
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н Н	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0153	44	Geraldine Elem		08	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we submitted for the electory or your rate.				
This is to certify that knowledge and believed.	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar /e been adju	nd OMB Circular
casual relationship l accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
I declare that the for	regoing is true and cor	rect.			
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			PO Box 347		
Printed Name of A	uthorized Official		City	Z	ip Code
			Geraldine	5	9446
Title			Date	·	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

Office of Public Instruction Linda McCulloch, Superintendent

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501 Due May 31, 2005					
Legal Entity #	School Dist. #	School Name		County	Level
0154	3	Geraldine H S		08	HS
Proposed Restric	cted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit volumed be submitted for the electory of your rate.				
This is to certify the knowledge and bel	at I have reviewed the i ief:	ndirect cost rate prop	oosal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to estance with the requirem les for State and Local in the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar /e been adju	nd OMB Circular
casual relationship accordance with ar have not been clair and the Office of P predetermined rate	ed in the proposal are post between the expenses oplicable requirements. The discretion will be expensed in the proposal are proposed in the proposal are proposed in the proposal are prop	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	ict Superintendent or		Street Address	or P.O. Box	
Printed Name of A	Authorized Official		PO Box 347 City	Z	ip Code
			Geraldine		9446
Title			Date		
Send cor	mpleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTE	O AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Aŗ	oproved Rate for FY20	006	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Legal Entity #	School Dist. #	School Name		County	Level		
0159	56	Carter Elem		08	EL		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.X	X%) of a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accorda A-87, "Cost Principl	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	regoing is true and cor						
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box			
Gridii porcori			Box 159				
Printed Name of A	uthorized Official		City	Zi	p Code		
Printed Name of A	uthorized Official				p Code 9420		
Printed Name of A	uthorized Official		City		•		
Title Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	-2501	Carter Date	59	9420		
Title Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501	-2501	Carter Date NDENT OF PUBL	59	9420		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction -2501 R THE SUPERINTE	Carter Date	59	9420		
Printed Name of A	uthorized Official			Zi	p Code		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction -2501 R THE SUPERINTE	Carter Date NDENT OF PUBL	59	9420		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

H	elena, MT 59620-2501		Due May 31	, 2003	
Legal Entity #	School Dist. #	School Name		County	Level
0161	59	Knees Elem		08	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we submitted for the electory or contract.	. ,	• •		•
This is to certify that knowledge and believed.	t I have reviewed the inef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar /e been adju	nd OMB Circular
casual relationship be accordance with app have not been claim	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same of addition, similar type	eements to which osts that have been so of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distric	ct Superintendent or	Board	Street Address	or P.O. Box	
·			PO Box 424		
Printed Name of A	uthorized Official		City	Z	ip Code
			Brady	5	9416
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501		Due May 31, 2003			
Legal Entity #	School Dist. #	School Name		County	Level
0171	99	Benton Lake Elem		08	EL
			/Pound to poorcot k		
Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)					
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.					
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.					
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
I declare that the foregoing is true and correct.					
			Street Address or P.O. Box		
Chairperson			17557 Bootlegger Trail		
Printed Name of A	uthorized Official		City		p Code
			Floweree	59	9440
Title			Date	•	
Send com	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRUC	CTION BY:
Approved Rate for FY2006			Date Approved		
			Signature		